

**SUMMARIES OF MONTHLY INSURANCE PREMIUMS,
*BENEFIT ALLOCATION AND EMPLOYEE PAYROLL DEDUCTIONS**

BASE STAFF 2009-2010

Subscriber Only

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber Only	707.23	567.59	628.89	378.09	624.21	399.46	702.95	614.75
TOTAL	\$844.68	\$705.04	\$766.34	\$515.54	\$761.66	\$536.91	\$840.40	\$752.20
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$94.68	\$0.00	\$16.34	\$0.00	\$11.66	\$0.00	\$90.40	\$2.20

Subscriber / Spouse

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber / Spouse	1,356.19	1,086.77	1,205.85	725.77	1,198.83	766.84	1,337.20	1,193.45
TOTAL	\$1,493.64	\$1,224.22	\$1,343.30	\$863.22	\$1,336.28	\$904.29	\$1,474.65	\$1,330.90
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$743.64	\$474.22	\$593.30	\$113.22	\$586.28	\$154.29	\$724.65	\$580.90

*Based on 1.00 FTE - allocation and monthly employee payroll deductions prorated according to FTE.

**The dental selection chosen for these charts is Washington Dental Service. If you choose Willamette Dental, there is an additional \$44.40 available for benefits.

Summaries of Monthly Insurance Premium, *Benefit Allocation
And Employee Payroll Deductions – BASE – 2009-2010 (Continued)

Subscriber / Child(ren)

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber / Child(ren)	994.14	796.27	884.02	586.38	952.47	609.35	984.95	859.75
TOTAL	\$1,131.59	\$933.72	\$1,021.47	\$723.83	\$1,089.92	\$746.80	\$1,122.40	\$997.20
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$381.59	\$183.72	\$271.47	\$0.00	\$339.92	\$0.00	\$372.40	\$247.20

Subscriber / Spouse / Child(ren)

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber / Spouse / Child(ren)	1,643.10	1,315.45	1,460.98	934.06	1,526.06	976.11	1,650.15	1,438.45
TOTAL	\$1,780.55	\$1,452.90	\$1,598.43	\$1,071.51	\$1,663.51	\$1,113.56	\$1,787.60	\$1,575.90
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$1,030.55	\$702.90	\$848.43	\$321.51	\$913.51	\$363.56	\$1,037.60	\$825.90

*Based on 1.00 FTE - allocation and monthly employee payroll deductions prorated according to FTE.

**The dental selection chosen for these charts is Washington Dental Service. If you choose Willamette Dental, there is an additional \$44.40 available for benefits.